

FIRST NAME <i>Jack</i>	MIDDLE NAME <i>Ruby</i>	LAST NAME <i>Ruby</i>	ARR. NO.
CELL NO. <i>F2</i>	AGE <i>52</i> SEX <i>M</i>	RACE <i>W</i>	DATE <i>11-24-63</i> TIME <i>205 pm</i>
COPIES FOR DISTRIBUTION		Prisoner Remarks: <i>No injuries sustained.</i>	
1. Prisoners File <input type="checkbox"/>	Nature of Illness or Injury: <i>Small abrasion on left forehead, small bruises on rt. arm (medial aspect) &amp; rt forearm</i>		
2. Emergency Hosp. M.D. <input type="checkbox"/>	Treated in Jail <input checked="" type="checkbox"/> Emerg. Hosp. <i>Parkland</i>		
3. Dep. Chief Services <input type="checkbox"/>	Treatment and/or Recommendation by Emerg. M.D.: <i>No Rx indicated.</i>		
4. Last Copy to Remain in Book <input type="checkbox"/>	Jailer On Duty <i>Jack Ruby</i>	Emerg. M.D.	

NOTE: In the event of injury to prisoners while in jail special report must be made.

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CELL NO. <i>F2</i>	AGE <i>52</i> SEX <i>M</i>	RACE <i>W</i>	DATE <i>11-24-63</i> TIME <i>6 PM</i>
COPIES FOR DISTRIBUTION		Prisoner Remarks: <i>Rectal examination at request of DPD &amp; FBI</i>	
1. Prisoners File <input type="checkbox"/>	Nature of Illness or Injury: <i>Adequate digital exam accomplished. No foreign bodies present as far as 3 inches</i>		
2. Emergency Hosp. M.D. <input type="checkbox"/>	Treated in Jail <input checked="" type="checkbox"/> Emerg. Hosp. <i>Parkland</i>		
3. Dep. Chief Services <input type="checkbox"/>	Treatment and/or Recommendation by Emerg. M.D.: <i>No Rx indicated.</i>		
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